

CALIFORNIA DRIVER LICENSE

DL [REDACTED] 5921 CLASS C  
EXP 09/26/2020 END NONE

LN MOUNIER  
FN DAVID WAYNE [REDACTED]

DOB [REDACTED] /1943  
RSTR CORR LENS [REDACTED] 1943

DONOR

SEX M HAIR GRY EYES BLU  
HGT 6'-02" WGT 190 lb ISS 09/22/2015  
DD [REDACTED]



### CERTIFICATE OF TRUST

This Certificate of Trust, executed by the Grantors and Trustees of **The Donald S. and Dorothy R. Tomlin 1979 Living Trust** hereinafter referred to as the "Trust") sets forth the designation of the Trustees and the powers of the Trustees, and in accordance with Chapter 164 of the Nevada Revised Statutes, may be relied upon by any person dealing with the Trust or Trustee.

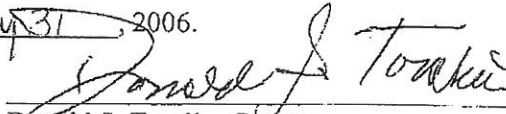
The Grantors and Trustees certify and state under penalty of perjury as follows:

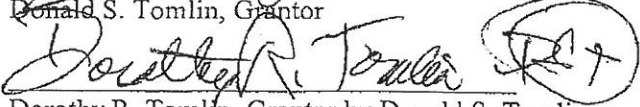
1. **Donald S. Tomlin and David Wayne Mounier** are designated as Co-Trustees. Either Co-Trustee, acting alone, may act on behalf of the Trust. Upon the death of **Donald S. Tomlin**, then **Ronald C. Tomlin, David Wayne Mounier and Donald C. Mounier** shall serve as successor Co-Trustees. Should any of them be unable or unwilling to serve as successor Co-Trustee the others shall serve as successor Co-Trustees. All action by the successor Co-Trustees after the death of **Donald S. Tomlin** shall require their majority consent to be valid.

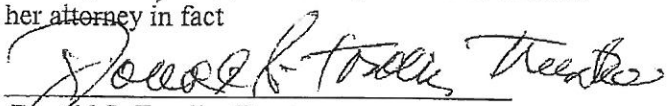
2. The Trust may be revoked or amended by the Grantors during their lifetimes.

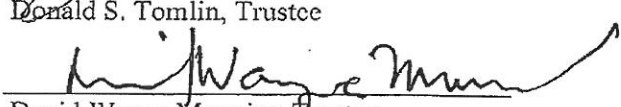
3. The Trustees and all successor Trustees have, among other powers, the powers set forth in NRS Sections 163.265 to 163.410 inclusive, and the power to sell, mortgage and lease trust property. The Trustees and all successor Trustees may also borrow money and invest in all forms of assets on behalf of the Trust. No person dealing in good faith with a Trustee in any transaction shall be responsible to confirm the Trustee's power or to verify any provisions of the trust instrument.

Abstract and certification dated May 31, 2006.

  
Donald S. Tomlin, Grantor

  
Dorothy R. Tomlin, Grantor by Donald S. Tomlin  
her attorney in fact

  
Donald S. Tomlin, Trustee

  
David Wayne Mounier, Trustee

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS

## CERTIFICATE OF DEATH

7990  
STATE FILE NUMBER

1a. DECEASED NAME (First, Middle, Last, Suffix) <b>Donald S TOMLIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 17, 2012</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>7145 Beverly Glen Av</b>		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>					
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>84</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 09, 1928</b>					
9. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give name; if husband, give name) <b>Dorothy Ruth DALTON</b>			
13. SOCIAL SECURITY NUMBER <b>1217</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Entrepreneur</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>7145 Beverly Glen Av</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Nicolas William TOMLIN</b>		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Lucy Craig CURLETT</b>			
18a. INFORMANT - NAME (Type or Print) <b>Ronald TOMLIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>6051 Halehaven Dr. Las Vegas, Nevada 89110</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Valley Memorial Crematory</b>		19c. LOCATION City or Town State <b>Henderson Nevada 89014</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>FRANK ZIMMERMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>15</b>		20c. NAME AND ADDRESS OF FACILITY <b>Valley Funeral Home</b> <b>3919 Raymond Dr. Las Vegas, NV 89121</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>STEVEN DOUGLAS LAMPINEN M.D.</b>		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) <b>May 23, 2012</b>		21c. HOUR OF DEATH <b>16:25</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN, OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN, OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven Douglas Lampinen M.D. 517 Rose Street Las Vegas, NV 89106</b>		23b. LICENSE NUMBER <b>8754</b>			
24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 23, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Cardiopulmonary arrest</b> Interval between onset and death					
(b) <b>Dementia</b> Interval between onset and death					
(c) <b>Chronic obstructive pulmonary disease</b> Interval between onset and death					
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
26g. LOCATION		26h. STREET OR R.F.D. No.		26i. CITY OR TOWN	
26j. STATE					

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a

NOT VALID WITHOUT THE RAISED  
SEAL OF THE SOUTHERN NEVADA  
HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

JUN 07 2012

## PROOF OF CLAIM

Name of Debtor:

USA Commercial Mortgage  
Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321241008421

DONALD S TOMLIN AND DOROTHY R TOMLIN  
TRUSTEE OF THE DONALD S TOMLIN  
7145 BEVERLY GLEN AVE  
LAS VEGAS NV 89110-4228☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( ) 702-453-6079

Last four digits of account or other number by which creditor identifies debtor:

1217

Check here ☐ replaces a previously filed claim dated: \_\_\_\_\_  
if this claim ☐ or amends

## 1. BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Services performed☐ Taxes☒ Money loaned☐ Other (describe briefly)☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)

Last four digits of your SS #: 1217

Unpaid compensation for services performed from: \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2. DATE DEBT WAS INCURRED: various dates

## 3. IF COURT JUDGMENT, DATE OBTAINED:

## 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$2,779,806 interest plus

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority (see attached description)

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

## SECURED CLAIM (See attached description of claim)

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 5. TOTAL AMOUNT OF CLAIM \$2,779,806 \$ \$2,779,806

AT TIME CASE FILED:

(unsecured)

(secured)

(priority)

(Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim (See attached)

## 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

## 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
P. O. Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245THIS SPACE FOR COURT  
USE ONLY

DATE

11/8/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Don S Tomlin Trustee

**USA Commerical Mortgage Company ("USA")**

as Loan Servicing Agent for

**Amesbury/Hatters Point**

as of June 30, 2006

Vesting Name: Donald S. Tomlin & Dorothy R. Tomlin Trustees of the Donald S. Tomlin & Dorothy R. Tomlin Revocable Trust dated 10/24/79

Address: DONALD S TOMLIN & DOROTHY R TOMLIN  
REVOCABLE TRUST DATED 10/24/79  
C/O DONALD S TOMLIN & DOROTHY R TOMLIN TRUSTEES  
7145 BEVERLY GLEN AVE  
LAS VEGAS, NV 89110-4228

Client ID: 3217

Performance Evaluation: Non-Performing

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1. Original Principal Investment	\$150,000
2. Principal Investment Assigned Out	0
3. Net Principal Investment	\$150,000
4. Principal Payments Made by Borrower to USA	\$12,633
5. Principal Payments Remitted by USA to Lender	12,633
6. Principal Payments Unremitted by USA to Lender	\$0
7. Interest Paid to USA by Borrower, net of service fee	\$49,331
8. Interest Remitted or Advanced by USA to Lender	49,223
9. Interest Due to (from) Lender	\$108
10. Unremitted Principal held in Collection Account	\$0
11. Interest Due to (from) Lender	108
12. Net Amount Currently Due to (from) Lender	\$108
13. Unremitted Principal not held in Collection Account	\$0
14. Interest Unpaid to USA by Borrower, net of service fee	\$5,707

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This statement is provided for information purposes only and is intended for the sole benefit of the named vested party. This statement is not intended to represent a loan payoff quote. USA reserves the right to update and supplement this statement.

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